

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55	/				
6							56		/			
7							57		/			
8							58		/			
9							59		/			
10							60		/			
11							61					
12							62					
13							63					
14							64		/			
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77		/			
28							78		/			
29							79		/			
30							80		/			
31							81		/			
32							82		/			
33							83		/			
34							84		/			
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total							Total					
Indep							Indep					
Depend							Depend					
Total							Total					
Claims							Claims					

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